



CITY OF PEVELY

301 Main Street
P.O. Box 358
Pevely, Missouri 63070

Telephone: 636/475-4452
Fax: 636/475-4116

APPLICATION FOR BLASTING PERMIT

(PLEASE PRINT ALL ENTRIES)

Date of Application: _____

Applicant: _____ Phone: _____

Business Address: _____

Insurance Company: _____

Amount of Coverage: \$ _____ Expiration Date: _____

Type of explosive to be used: _____

Magazines: _____ Expiration Date: _____

Name of Blaster/License Number: _____

General Contractor: _____

Contractor's Address: _____

**PROVIDE MAP, AND INDICATE ON THE MAP, THE EXACT LOCATION OF
THE BLASTING SITE**

Subdivision Name: _____ Address of Blasting Site: _____

Starting Date: _____ Completion Date: _____

Number of Inspections: _____ Reason for Blasting: _____

Signature of Applicant: _____

Permit Number: _____ Permit Expires on: _____

Permit fee: \$ _____

Permit Approved By: _____ Date: _____